EXHIBIT 5

Nai	me o	f Cla	aimant:	Last 4 Digits of SSN:
nst liag and	ructi gnos any	ons tic te pre	to this Questionnaire. If you have been dests relating to the same condition by multi-	ou have been diagnosed and provide all information required in the iagnosed with multiple conditions and/or if you received diagnoses and iple doctors, please complete a separate Part II for each initial diagnosis estic tests that change or conflict with the initial diagnosis. For your as Appendix C to this Questionnaire.
۱.	Ple	ase c	check the box next to the condition bein	g alleged:
		Asbe	estos-Related Lung Cancer	Mesothelioma
		Asbe	estosis	Other Cancer (cancer not related to lung cancer or mesothelioma)
		Othe	er Asbestos Disease	Clinically Severe Asbestosis
	a.		esothelioma: If alleging Mesotheliomallowing (check all that apply):	, were you diagnosed with malignant mesothelioma based on the
			diagnosis from a pathologist certified by	the American Board of Pathology
			diagnosis from a second pathologist cert	ified by the American Board of Pathology
			diagnosis and documentation supporting causal role in the development of the con-	g exposure to Grace asbestos-containing products having a substantial adition
			other (please specify):	
	b.		bestos-Related Lung Cancer: If alleging cancer based on the following (check all	ng Asbestos-Related Lung Cancer, were you diagnosed with primary l that apply):
			findings by a pathologist certified by the	American Board of Pathology
			compliance with the standards set for	x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in orth in the International Labour Organization's 2000 International acconioses and (b) by a B-reader certified by the National Institute for
			compliance with the standards set for	x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in orth in the International Labour Organization's 2000 International moconioses and (b) by a second B-reader certified by the National alth
			evidence of asbestosis determined by pa	thology
			grade scale (a) conducted in compliance	ant disease based on a chest x-ray reading of at least 1/0 on the ILO with the standards set forth in the International Labour Organization's adiographs of Pneumoconioses and (b) by a B-reader certified by the by and Health
			grade scale (a) conducted in compliance	ant disease based on a chest x-ray reading of at least 1/0 on the ILO with the standards set forth in the International Labour Organization's <i>liographs of Pneumoconioses</i> and (b) by a <u>second</u> B-reader certified by afety and Health
			diffuse pleural thickening as defined in ILO International Classification of Radi	the International Labour Organization's Guidelines for the Use of the ographs and Pneumoconioses (2000)
				supporting documentation establishing that exposure to Grace antial causal role in the development of the lung cancer
			other (please specify):	

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APPENDIX C Additional Copies of Part II of the Questionnaire

Name of Claimant:								Last 4 Digits of SSN:			
c.	Otl	ıer (Canc	er:							
		(i)	If al	lleging Othe	er Cancer, p	lease mark th	ne box(es) ne	xt to the app	olicable primar	ry cancer((s) being alleged:
				colon	phar phar	yngeal	esopha	igeal	laryngeal	1 [stomach cancer
				other, pleas	e specify:						
		(ii)	Wei	re you diagr	nosed with t	he above-ind	icated cancer	based on th	ne following (c	check all	that apply):
				findings by	a patholog	ist certified b	y the Americ	an Board of	f Pathology		
				compliance Classificati	e with the ion of Radio	standards set	t forth in the	e Internatio	nal Labour C)rganizati	de scale (a) conducted in on's 2000 International by the National Institute
	evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducte compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health							on's 2000 International			
				evidence of	f asbestosis	determined b	y pathology				
									entation estab the developm		hat exposure to Grace e cancer
				other (pleas	se specify):						
	d.			ly Severe A		If alleging C	Clinically Sev	vere Asbesto	osis, was your	diagnosi	s based on the following
			diag	gnosis of a p	ulmonologi	ist or internis	t certified by	the Americ	an Board of In	nternal Me	edicine
			fort	h in the l	Internationa	l Labour O	rganization's	s 2000 Int	ernational C	lassificati	ce with the standards set ion of Radiographs of nal Safety and Health
			fort	h in the l numoconiose	Internationa	l Labour O	rganization's	s 2000 Int	ernational C	lassificati	ce with the standards set ion of Radiographs of Occupational Safety and
			asbe	estosis deter	mined by p	athology					
			Soc	-	Function T	esting; Select					the American Thoracic gies, demonstrating total
			Soc	iety's <i>Lung</i>	Function	Testing; Sele	ection of Rej	ference Vali	ues and Inter	pretive S	the American Thoracic trategies, demonstrating al to 65% predicted
									tation establi development o		at exposure to Grace estosis
			othe	er (please sp	ecify):						

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APPENDIX C

Additional Copies of Part II of the Questionnaire

Name o	of Cla	aimant:	Last 4 Digits of SSN:
e.	Ask	estosis:	If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
		diagnos	sis of a pulmonologist or internist certified by the American Board of Internal Medicine
		Organize the Nat grade s	ex-ray reading conducted in compliance with the standards set forth in the International Labour zation's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by ional Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO tional Classification of Radiographs and Pneumoconioses (2000)
		Organize certified on the l	ex-ray reading conducted in compliance with the standards set forth in the International Labour ration's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader d by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ternational Classification of Radiographs and Pneumoconioses (2000)
		asbesto	sis determined by pathology
		Society FEVI/F	onary function test, conducted in accordance with the standards set forth in the American Thoracic 's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a VC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% ed or (b) forced vital capacity less than 80% predicted
			orting medical diagnosis and supporting documentation establishing that exposure to Grace s-containing products had a substantial causal role in the development of the asbestosis
		other (p	please specify):
f.		se above	estos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than, was your diagnosis based on the following (check all that apply): sis of a pulmonologist or internist certified by the American Board of Internal Medicine
		_	sis determined by pathology
		a chest Organiz the Nat grade s	ex-ray reading conducted in compliance with the standards set forth in the International Labour zation's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by ional Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO tional Classification of Radiographs and Pneumoconioses (2000)
		Organize certified on the l	ex-ray reading conducted in compliance with the standards set forth in the International Labour reation's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader d by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ternational Classification of Radiographs and Pneumoconioses (2000)
		a chest	x-ray reading other than those described above
		Society FEVI/F	onary function test, conducted in accordance with the standards set forth in the American Thoracic 's <i>Lung Function Testing; Selection of Reference Values and Interpretive Strategies</i> , demonstrating a VC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% ed or (b) forced vital capacity less than 80% predicted
		a pulmo	onary function test other than that discussed above
			orting medical diagnosis and supporting documentation establishing that exposure to Grace s-containing products had a substantial causal role in the development of the condition
		a CT So	can or similar testing
		a diagn	osis other than those above
		other (p	please specify):

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APPENDIX C

Additional Copies of Part II of the Questionnaire

	PART II: ASBESTOS-RELATED CONDITION(S)									
Na	me of Claimant:		Las	t 4 Digits of SSN:						
2.	Information Regar	rding Diagnosis								
	Date of Diagnosis:			//						
	Diagnosing Doctor	's Name:								
	Diagnosing Doctor									
	0 0	's Mailing Address:								
	z ing.ioving z ovior	Address								
	City		State/Province	Zip/Postal Code						
	•	's Daytime Telephone Number:		•						
		ur relationship to the diagnosing doctor								
	• •	doctor your personal physician?								
		doctor paid for the diagnostic services that		- -						
	* * *	isel in order to receive any of the services								
	•	doctor referred to you by counsel?								
	Are you aware of an	ny relationship between the diagnosing do	ctor and your legal counse	!?Yes □ No						
	If yes, please explai	n:								
	Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicinat the time of the diagnosis?									
	Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?									
		ng doctor provided with your complet								
	Did the diagnosing	doctor perform a physical examination	n?	Yes No						
	Do you currently u	se tobacco products?		Yes No						
		d tobacco products?								
		r question is yes, please indicate wheth lates and frequency with which such pr		ed any of the following tobacco						
	☐ Cigarettes	Packs Per Day (half pack = .5)	Start Year	End Year						
	☐ Cigars	Cigars Per Day	Start Year	End Year						
	☐ If Other Toba	cco Products, please specify (e.g., chewi								
		Amount Per Day	Start Year	End Year						
	Have you ever bee	n diagnosed with chronic obstructive pu	ılmonary disease ("COPI	D")? Yes No						
	If yes, please attack	all documents regarding such diagnosis	s and explain the nature o	f the diagnosis:						
3.	Information Regar	rding Chest X-Ray								
	Please check the bo	ox next to the applicable location where	your chest x-ray was tak	en (check one):						
	☐ Mobile labora	tory	octor office Hospital	Other:						
		est x-ray taken:								
		Address								
	City		State/Province	Zip/Postal Code						

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APPENDIX C

Additional Copies of Part II of the Questionnaire

	PART II: ASBESTOS-RELATED CONDITION(S)								
Na	ame of Claimant: Last 4 D	igits of SS	N:						
4.	Information Regarding Chest X-Ray Reading								
	Date of Reading:// ILO score:								
	Name of Reader:								
	Reader's Daytime Telephone Number:)	-						
	Reader's Mailing Address: Address								
	Address								
	City State/Province		Zip/Pos	tal Code					
	With respect to your relationship to the reader, check all applicable boxes:								
	Was the reader paid for the services that he/she performed		Yes	☐ No					
	If yes, please indicate who paid for the services performed:								
	Did you retain counsel in order to receive any of the services performed by the reader?		Yes	☐ No					
	Was the reader referred to you by counsel?		Yes	☐ No					
	Are you aware of any relationship between the reader and your legal counsel?		Yes	☐ No					
	If yes, please explain:								
	Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading?								
			Yes	☐ No					
	If the reader is not a certified B-reader, please describe the reader's occupation, special which the reading was made:	-		through					
5.	Information Regarding Pulmonary Function Test:	/	_/						
	List your height in feet and inches when test given:	ft		_ inches					
	List your weight in pounds when test given:			lbs					
	Total Lung Capacity (TLC):		% of p	redicted					
	Forced Vital Capacity (FVC):		% of p	redicted					
	FEV1/FVC Ratio:		% of p	redicted					
	Name of Doctor Performing Test (if applicable):								
	Doctor's Specialty:								
	Name of Clinician Performing Test (if applicable):								
	Testing Doctor or Clinician's Mailing Address:								
	Address								
	City State/Province		Zip/Post	al Code					
	Testing Doctor or Clinician's Daytime Telephone Number:)	•						
	Name of Doctor Interpreting Test:								
	Doctor's Specialty:								
	Interpreting Doctor's Mailing Address: Address								
			7. /5	10.1					
	City State/Province Interpreting Doctor's Daytime Telephone Number:)	Zip/Posta	ai Code					

Name of Claimant: Last 4	4 Digits of SSN:
With respect to your relationship to the doctor or clinician who performed the pulm applicable boxes:	nonary function test check al
If the test was performed by a doctor, was the doctor your personal physician?	Yes No
Was the testing doctor and/or clinician paid for the services that he/she performed?	Yes No
If yes, please indicate who paid for the services performed:	
Did you retain counsel in order to receive any of the services performed by the testing doctor	
Was the testing doctor or clinician referred to you by counsel?	Yes No
Are you aware of any relationship between either the doctor or clinician and your legal co	unsel? Yes No
If yes, please explain:	
Was the testing doctor certified as a pulmonologist or internist by the American Boa the time of the pulmonary function test?	rd of Internal Medicine at
With respect to your relationship to the doctor interpreting the results of the pulm applicable boxes:	nonary function test check al
Was the doctor your personal physician?	Yes No
Was the doctor paid for the services that he/she performed?	Yes No
If yes, please indicate who paid for the services performed:	
Did you retain counsel in order to receive any of the services performed by the doctor?	Yes No
Was the doctor referred to you by counsel?	Yes No
Are you aware of any relationship between the doctor and your legal counsel?	Yes Ne
If yes, please explain	
Was the doctor interpreting the pulmonary function test results certified as a pulm American Board of Internal Medicine at the time the test results were reviewed?	
. Information Regarding Pathology Reports:	
Date of Pathology Report:	//
Findings:	
Name of Doctor Issuing Report:	
Doctor's Mailing Address: Address	
City State/Province	Zip/Postal Code
Doctor's Daytime Telephone Number:(•
With respect to your relationship to the doctor issuing the pathology report, check al	
Was the doctor your personal physician?	
Was the doctor paid for the services that he/she performed?	Yes
If yes, please indicate who paid for the services performed:	
Did you retain counsel in order to receive any of the services performed by the doctor?	
Was the doctor referred to you by counsel?	Yes No
Are you aware of any relationship between the doctor and your legal counsel?	Yes N
If yes, please explain:	
Was the doctor certified as a pathologist by the American Board of Pathology at the	
	Yes No

APPENDIX C **Additional Copies of Part II of the Questionnaire**

PART II: ASBESTOS-RELATED CONDITION(S)

Na	ame of Claimant:	Last 4 Digit	s of SSN:
7.	With respect to the condition alleged, have you recei	or the condition?	
			Yes No
	If yes, please complete the following:		
	Name of Treating Doctor:		
	Treating Doctor's Specialty:		
	Treating Doctor's Mailing Address:		
	Address		
	City	State/Province	Zip/Postal Code
	Treating Doctor's Daytime Telephone number:	()_	
	Was the doctor paid for the services that he/she perf	ormed?	Yes No
	If yes, please indicate who paid for the services perform	ned:	
	Did you retain counsel in order to receive any of the	services performed by the doctor?	

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PART II: ASBESTOS-RELATED CONDITION(S) Last 4 Digits of SSN: ___ __ _ Name of Claimant: Mark the box next to the conditions with which you have been diagnosed and provide all information required in the instructions to this Questionnaire. If you have been diagnosed with multiple conditions and/or if you received diagnoses and diagnostic tests relating to the same condition by multiple doctors, please complete a separate Part II for each initial diagnosis and any previous or subsequent diagnoses or diagnostic tests that change or conflict with the initial diagnosis. For your convenience, additional copies of Part II are attached as Appendix C to this Questionnaire. 1. Please check the box next to the condition being alleged: Asbestos-Related Lung Cancer Mesothelioma Asbestosis Other Cancer (cancer not related to lung cancer or mesothelioma) Other Asbestos Disease Clinically Severe Asbestosis a. Mesothelioma: If alleging Mesothelioma, were you diagnosed with malignant mesothelioma based on the following (check all that apply): diagnosis from a pathologist certified by the American Board of Pathology diagnosis from a second pathologist certified by the American Board of Pathology diagnosis and documentation supporting exposure to Grace asbestos-containing products having a substantial causal role in the development of the condition other (please specify): b. Asbestos-Related Lung Cancer: If alleging Asbestos-Related Lung Cancer, were you diagnosed with primary lung cancer based on the following (check all that apply): findings by a pathologist certified by the American Board of Pathology evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestosis determined by pathology evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health evidence of asbestos-related nonmalignant disease based on a chest x-ray reading of at least 1/0 on the ILO grade scale (a) conducted in compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health diffuse pleural thickening as defined in the International Labour Organization's Guidelines for the Use of the ILO International Classification of Radiographs and Pneumoconioses (2000) a supporting medical diagnosis and supporting documentation establishing that exposure to Grace asbestos-containing products had a substantial causal role in the development of the lung cancer other (please specify):

c. Other Cancer: (i) If alleging Other Cancer, please mark the box(es) next to the applicable primary cancer(s) being alleged: colon						
 □ colon □ pharyngeal □ esophageal □ laryngeal □ stomach cancer □ other, please specify: (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply): □ findings by a pathologist certified by the American Board of Pathology □ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted compliance with the standards set forth in the International Labour Organization's 2000 Internation Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute 						
 □ other, please specify: (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply): □ findings by a pathologist certified by the American Board of Pathology □ evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted compliance with the standards set forth in the International Labour Organization's 2000 Internation Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute 						
 (ii) Were you diagnosed with the above-indicated cancer based on the following (check all that apply): findings by a pathologist certified by the American Board of Pathology evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted compliance with the standards set forth in the International Labour Organization's 2000 Internation Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institute 						
findings by a pathologist certified by the American Board of Pathology evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted compliance with the standards set forth in the International Labour Organization's 2000 Internation Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institu						
evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted compliance with the standards set forth in the International Labour Organization's 2000 Internation Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institu						
compliance with the standards set forth in the International Labour Organization's 2000 Internation Classification of Radiographs of Pneumoconioses and (b) by a B-reader certified by the National Institu						
for Occupational Safety and Health						
evidence of asbestosis based on a chest x-ray reading of at least 1/1 on the ILO grade scale (a) conducted compliance with the standards set forth in the International Labour Organization's 2000 International Classification of Radiographs of Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety and Health						
evidence of asbestosis determined by pathology						
a supporting medical diagnosis and supporting documentation establishing that exposure to G asbestos-containing products had a substantial causal role in the development of the cancer						
other (please specify):						
d. Clinically Severe Asbestosis: If alleging Clinically Severe Asbestosis, was your diagnosis based on the following (check all that apply):						
diagnosis of a pulmonologist or internist certified by the American Board of Internal Medicine						
a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards s forth in the International Labour Organization's 2000 International Classification of Radiographs Pneumoconioses and (b) by a B-reader certified by the National Institute for Occupational Safety and Health						
a chest x-ray reading of at least 2/1 on the ILO grade scale (a) conducted in compliance with the standards s forth in the International Labour Organization's 2000 International Classification of Radiographs Pneumoconioses and (b) by a second B-reader certified by the National Institute for Occupational Safety at Health						
asbestosis determined by pathology						
a pulmonary function test, conducted in accordance with the standards set forth in the American Thorac Society's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating tot lung capacity less than 65% predicted						
a pulmonary function test, conducted in accordance with the standards set forth in the American Thorac Society's <i>Lung Function Testing; Selection of Reference Values and Interpretive Strategies</i> , demonstrating forced vital capacity less than 65% predicted and a FEV1/FVC ratio greater than or equal to 65% predicted						
a supporting medical diagnosis and supporting documentation establishing that exposure to Gra asbestos-containing products had a substantial causal role in the development of the asbestosis						
other (please specify):						

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APPENDIX C

Additional Copies of Part II of the Questionnaire

Name o	of Cla	aimant:	Last 4 Digits of SSN:
e.	Ask	estosis:	If alleging Asbestosis, was your diagnosis based on the following (check all that apply):
		diagnos	sis of a pulmonologist or internist certified by the American Board of Internal Medicine
		Organize the Nat grade s	ex-ray reading conducted in compliance with the standards set forth in the International Labour zation's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by ional Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO tional Classification of Radiographs and Pneumoconioses (2000)
		Organize certified on the l	ex-ray reading conducted in compliance with the standards set forth in the International Labour ration's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader d by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ternational Classification of Radiographs and Pneumoconioses (2000)
		asbesto	sis determined by pathology
		Society FEVI/F	onary function test, conducted in accordance with the standards set forth in the American Thoracic 's Lung Function Testing; Selection of Reference Values and Interpretive Strategies, demonstrating a VC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% ed or (b) forced vital capacity less than 80% predicted
			orting medical diagnosis and supporting documentation establishing that exposure to Grace s-containing products had a substantial causal role in the development of the asbestosis
		other (p	please specify):
f.		se above	estos Disease: If alleging any asbestos-related injuries, medical diagnoses, and/or conditions other than, was your diagnosis based on the following (check all that apply): sis of a pulmonologist or internist certified by the American Board of Internal Medicine
		_	sis determined by pathology
		a chest Organiz the Nat grade s	ex-ray reading conducted in compliance with the standards set forth in the International Labour zation's 2000 International Classification of Radiographs of Pneumoconioses by a B-reader certified by ional Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 on the ILO scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ILO tional Classification of Radiographs and Pneumoconioses (2000)
		Organize certified on the l	ex-ray reading conducted in compliance with the standards set forth in the International Labour reation's 2000 International Classification of Radiographs of Pneumoconioses by a second B-reader d by the National Institute for Occupational Safety and Health, with one of the following: (i) at least 1/0 ILO grade scale, or (ii) diffuse pleural thickening as defined in the ILO's Guidelines for the Use of the ternational Classification of Radiographs and Pneumoconioses (2000)
		a chest	x-ray reading other than those described above
		Society FEVI/F	onary function test, conducted in accordance with the standards set forth in the American Thoracic 's <i>Lung Function Testing; Selection of Reference Values and Interpretive Strategies</i> , demonstrating a VC ratio greater than or equal to 65% predicted with either (a) total lung capacity less than 80% ed or (b) forced vital capacity less than 80% predicted
		a pulmo	onary function test other than that discussed above
			orting medical diagnosis and supporting documentation establishing that exposure to Grace s-containing products had a substantial causal role in the development of the condition
		a CT So	can or similar testing
		a diagn	osis other than those above
		other (p	please specify):

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APPENDIX C

Additional Copies of Part II of the Questionnaire

	PART II: ASBESTOS-RELATED CONDITION(S)									
Na	me of Claimant:		Las	t 4 Digits of SSN:						
2.	Information Regar	rding Diagnosis								
	Date of Diagnosis:			//						
	Diagnosing Doctor	's Name:								
	Diagnosing Doctor									
	0 0	's Mailing Address:								
	z ing.ioving z ovior	Address								
	City		State/Province	Zip/Postal Code						
	•	's Daytime Telephone Number:		•						
		ur relationship to the diagnosing doctor								
	• •	doctor your personal physician?								
		doctor paid for the diagnostic services that		- -						
	* * *	isel in order to receive any of the services								
	•	doctor referred to you by counsel?								
	Are you aware of an	ny relationship between the diagnosing do	ctor and your legal counse	!?Yes □ No						
	If yes, please explai	n:								
	Was the diagnosing doctor certified as a pulmonologist or internist by the American Board of Internal Medicinat the time of the diagnosis?									
	Was the diagnosing doctor certified as a pathologist by the American Board of Pathology at the time of the diagnosis?									
		ng doctor provided with your complet								
	Did the diagnosing	doctor perform a physical examination	n?	Yes No						
	Do you currently u	se tobacco products?		Yes No						
		d tobacco products?								
		r question is yes, please indicate wheth lates and frequency with which such pr		ed any of the following tobacco						
	☐ Cigarettes	Packs Per Day (half pack = .5)	Start Year	End Year						
	☐ Cigars	Cigars Per Day	Start Year	End Year						
	☐ If Other Toba	cco Products, please specify (e.g., chewi								
		Amount Per Day	Start Year	End Year						
	Have you ever bee	n diagnosed with chronic obstructive pu	ılmonary disease ("COPI	D")? Yes No						
	If yes, please attack	all documents regarding such diagnosis	s and explain the nature o	f the diagnosis:						
3.	Information Regar	rding Chest X-Ray								
	Please check the bo	ox next to the applicable location where	your chest x-ray was tak	en (check one):						
	☐ Mobile labora	tory	octor office Hospital	Other:						
		est x-ray taken:								
		Address								
	City		State/Province	Zip/Postal Code						

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APPENDIX C

Additional Copies of Part II of the Questionnaire

PART II: ASBESTOS-RELATED CONDITION(S)

Last 4 Digits of SSN: ___ __ _ Name of Claimant: 4. Information Regarding Chest X-Ray Reading ILO score: Date of Reading: ___ / __ _ / __ __ __ Name of Reader: Reader's Mailing Address: Address City State/Province Zip/Postal Code With respect to your relationship to the reader, check all applicable boxes: *If yes, please indicate who paid for the services performed:* Was the reader referred to you by counsel? Yes No If yes, please explain: Was the reader certified by the National Institute for Occupational Safety and Health at the time of the reading? If the reader is not a certified B-reader, please describe the reader's occupation, specialty, and the method through which the reading was made: List your height in feet and inches when test given: ft inches List your weight in pounds when test given: Total Lung Capacity (TLC): % of predicted Forced Vital Capacity (FVC): % of predicted FEV1/FVC Ratio: % of predicted Name of Doctor Performing Test (if applicable): **Doctor's Specialty:** Name of Clinician Performing Test (if applicable): **Testing Doctor or Clinician's Mailing Address:** Address City State/Province Zip/Postal Code Name of Doctor Interpreting Test: Doctor's Specialty: **Interpreting Doctor's Mailing Address:** Address State/Province City Zip/Postal Code..

Name of Claimant:	Last 4 Digit	es of SSN:
With respect to your relationship to the doctor of applicable boxes:	or clinician who performed the pulmonar	y function test check al
If the test was performed by a doctor, was the doctor	r your personal physician?	Yes No
Was the testing doctor and/or clinician paid for the	services that he/she performed?	Yes No
If yes, please indicate who paid for the services perj	formed:	
Did you retain counsel in order to receive any of the		
Was the testing doctor or clinician referred to you b	y counsel?	Yes No
Are you aware of any relationship between either th	ne doctor or clinician and your legal counsel?	Yes No
If yes, please explain:		
Was the testing doctor certified as a pulmonolog the time of the pulmonary function test?	ist or internist by the American Board of	
With respect to your relationship to the doctor applicable boxes:	interpreting the results of the pulmonary	y function test check al
Was the doctor your personal physician?		Yes No
Was the doctor paid for the services that he/she perf	formed?	Yes No
If yes, please indicate who paid for the services per	formed:	
Did you retain counsel in order to receive any of the	e services performed by the doctor?	Yes N
Was the doctor referred to you by counsel?		Yes N
Are you aware of any relationship between the doct	or and your legal counsel?	Yes N
If yes, please explain		
Was the doctor interpreting the pulmonary fun American Board of Internal Medicine at the time		
. Information Regarding Pathology Reports:		
Date of Pathology Report:	<u> </u>	/
Findings:		
Name of Doctor Issuing Report:		
Doctor's Specialty		
Address		
City	State/Province	Zip/Postal Code
Doctor's Daytime Telephone Number:	()_	
With respect to your relationship to the doctor is		
Was the doctor your personal physician?		
Was the doctor paid for the services that he/she perf	formed?	Yes No
If yes, please indicate who paid for the services per	formed:	
Did you retain counsel in order to receive any of the	e services performed by the doctor?	Yes N
Was the doctor referred to you by counsel?		- -
Are you aware of any relationship between the doct	or and your legal counsel?	Yes N
If yes, please explain:		
Was the doctor certified as a pathologist by the A	American Board of Pathology at the time of	of the diagnosis?
		Yes No

APPENDIX C **Additional Copies of Part II of the Questionnaire**

PART II: ASBESTOS-RELATED CONDITION(S)

Na	ame of Claimant:	Last 4 Digits	of SSN:
7.	With respect to the condition alleged, have you r		
	If yes, please complete the following:		163 [] 140
	Name of Treating Doctor:		
	Treating Doctor's Specialty:		
	Treating Doctor's Mailing Address: Address		
	City	State/Province	Zip/Postal Code
	Treating Doctor's Daytime Telephone number:	()_	
	Was the doctor paid for the services that he/she p	performed?	Yes No
	If yes, please indicate who paid for the services perj	formed:	
	Did you retain counsel in order to receive any of	the services performed by the doctor?	Yes No

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Case 01-01139-AMC Filed 08/14/07 Doc 16568-5 Page 18 of 25 Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire. A worker in a space where Grace asbestos-containing products were being installed, mixed, removed Nature of Exposure (d) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked Last 4 Digits of SSN: around areas where product was being Was exposure due to working in or installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure: PART III: DIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS Unions of which you were a member during your employment: Industry If CodeCode specify. 118, If other, please specify. Occupation If Code 59, or cut by others Code Location: (hours/day, days/year) Dates and Frequency **e** Œ of Exposure Additional Copies of Part III of the Questionnaire Name of Claimant: (b) A worker who personally removed or cut Grace asbestos-containing products A worker who personally installed Grace asbestos-containing products (a) A worker who personally mixed Grace asbestos-containing products Identification of Each **Grace Product** Site Owner: Business Product(s) Residence Employer During Exposure: Site of Exposure: Job 1 Description: Job 3 Description: Job 4 Description: Job 5 Description: Job 6 Description: Job 2 Description Site Type: Site Name:

APPENDIX D

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Doc 16568-5 Filed 08/14/07 Page 19 of 25 Case 01-01139-AMC <u>e</u> <u>a</u> A worker who personally installed Grace asbestos-containing products

APPENDIX D

Please complete the chart below for each site at which you allege exposure to Grace asbestos-containing products. If you allege exposure at multiple sites, the Court has ordered that you must complete a separate chart for each site. For your convenience, additional copies of Part III are attached as Appendix D to this Questionnaire. If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked

In the "Nature of Exposure" column, for each job listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- A worker who personally removed or cut Grace asbestos-containing products A worker who personally mixed Grace asbestos-containing products or cut by others
 - (g) A worker at a site where Grace asbestos-containing products were being installed, mixed, removed
- (h) A worker in a space where Grace asbestos-containing products were being installed, mixed, removed or cut by others
- If other, please specify.

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Site of Exposure:							
Site Name:			Location:				
Site Type: Residence	Residence Business	s Site Owner:					
Employer During Exposure:	g Exposure:		Unions of which you were a member during your employment:	a member durin	g your emplo	oyment:	
	Product(s)	Basis for Identification of Each Grace Product	Dates and Frequency of Exposure (hours/day, days/year)	Occupation Code If Code 59, specify.	Industry Code If Code 118, specify.	Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas	Nature of Exposure
Job 1 Description:							
Job 2 Description:							
Job 3 Description:							
Job 4 Description:							
Job 5 Description:							
Job 6 Description:							

PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Na	Name of Claimant:	Last 4 Digits of SSN:
1.	, , , , , , , , , , , , , , , , , , ,	
	with another injured person?	Yes No
	If yes, complete questions 2 through 10 of this section for each injured perso Grace asbestos-containing products. For your convenience, additional copie to this Questionnaire.	
2.	2. Please indicate the following information regarding the other injured perso	n:
	Name of Other Injured Person:	Gender: Male Female
	Last Four Digits of Social Security Number:	Birth Date://
3.	3. What is your Relationship to Other Injured Person:	Spouse
4.	4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing	Products:
5.		oducts: To: / /
6.	6. Other Injured Person's Basis for Identification of Asbestos-Containing Pro	duct as Grace Product:
7.	7. Has the Other Injured Person filed a lawsuit related to his/her exposure?	Yes
	If yes, please provide caption, case number, file date, and court name for the la	iwsuit:
	Caption:	
	Case Number: Fil	e Date://
	Court Name:	
8.	8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:	
9.	9. Dates of Your Own Exposure to Grace Asbestos-Containing Product: From: / /	To: / /
10.	10. Your Basis for Identification of Asbestos-Containing Product as Grace Product	duct:

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PART IV: INDIRECT EXPOSURE TO GRACE ASBESTOS-CONTAINING PRODUCTS

Na	Name of Claimant: Last 4 Digits of SSN: _	
1.		•
	with another injured person?	
	If yes, complete questions 2 through 10 of this section for each injured person through which you alleg Grace asbestos-containing products. For your convenience, additional copies of Part IV are attached at to this Questionnaire.	
2.	2. Please indicate the following information regarding the other injured person:	
	Name of Other Injured Person:Gender: M	ale Female
	Last Four Digits of Social Security Number: Birth Date:/	/
3.	3. What is your Relationship to Other Injured Person: Spouse Ch	nild
4.	4. Nature of Other Injured Person's Exposure to Grace Asbestos-Containing Products:	
5.	5. Dates Other Injured Person was Exposed to Grace Asbestos-Containing Products: From:/ To://	
6.	6. Other Injured Person's Basis for Identification of Asbestos-Containing Product as Grace Product:	
7.	7. Has the Other Injured Person filed a lawsuit related to his/her exposure?	Yes No
	If yes, please provide caption, case number, file date, and court name for the lawsuit:	
	Caption:	
	Case Number: File Date://	
	Court Name:	
8.	8. Nature of Your Own Exposure to Grace Asbestos-Containing Product:	
9.	9. Dates of Your Own Exposure to Grace Asbestos-Containing Product: From:// To://	
10.	10. Your Basis for Identification of Asbestos-Containing Product as Grace Product:	

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APPENDIX F

Additional Copies of Part V of the Questionnaire

Name of Claimant:

Last 4 Digits of SSN:

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS

If you filed such lawsuits Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products other than Grace products. If you filed such lawsuits and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire

If exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure:

- (a) A worker who personally mixed Non-Grace asbestos-containing products
 - (b) A worker who personally removed or cut Non-Grace asbestos-containing
- (c) A worker who personally installed Non-Grace asbestos-containing products

Party Against which Lawsuit or Claim was Filed:

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(f) If other, please specify.

Was exposure due to working in or

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Nature of Exposure									
Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas									
Industry Code If Code 118, specify.									
Occupation Code If Code 59, specify.									
Dates and Frequency of Exposure (hours/day, days/year)									
Product(s)									
Claim was Filed:	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:	Job 1 Description:	Job 2 Description:	Job 3 Description:
Farty Against which Lawsuit or Claim was Filed:	Site of Exposure 1 Site Name:	Address:	Site Owner:	Site of Exposure 2 Site Name:	Address:	Site Owner:	Site of Exposure 3 Site Name:	Address:City and State:	Site Owner:

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APPENDIX F

Additional Copies of Part V of the Questionnaire Name of Claimant:

PART V: EXPOSURE TO NON-GRACE ASBESTOS-CONTAINING PRODUCTS Last 4 Digits of SSN:

Please complete the chart below for each party against which you have filed a lawsuit and/or claim alleging exposure to asbestos-containing products of Part V are attached as Appendix F to this and/or claims against multiple parties, the Court has ordered that you must complete a separate chart for each party. For your convenience, additional copies of Part V are attached as Appendix F to this Questionnaire.

In the "Nature of Exposure" column, for each product listed, please indicate the letter(s) corresponding to whether you were any of the following during your exposure f exposure was in connection with your employment, use the list of occupation and industry codes in the Instructions to Part III to indicate your occupation and the industry in which you worked

- (d) A worker who personally mixed Non-Grace asbestos-containing products
- A worker who personally removed or cut Non-Grace asbestos-containing products
- A worker who personally installed Non-Grace asbestos-containing products
- (g) A worker at a site where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (h) A worker in a space where Non-Grace asbestos-containing products were being installed, mixed, removed or cut by others
- (i) If other, please specify.

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Address: City and State: Site Owner:	Site Owner: Site of Exposure 3 Site Name:	Site of Exposure 2 Site Name: Address: City and State:	Site of Exposure 1 Site Name: Address: City and State: Site Owner:	Party Against which Lawsuit or Claim was Filed:
Job 2 Description: Job 3 Description:	Job 3 Description: Job 1 Description:	Job 1 Description: Job 2 Description:	Job 1 Description: Job 2 Description: Job 3 Description:	Claim was Filed:
				Product(s)
				Dates and Frequency of Exposure (hours/day, days/year)
				Occupation Code If Code 59, specify.
				Industry Code If Code 118, specify.
				Was exposure due to working in or around areas where product was being installed, mixed, removed, or cut? If Yes, please indicate your regular proximity to such areas
				Nature of Exposure

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APPENDIX G <u>Additional Copies of Part VI of the Questionnaire</u>

PART VI: EMPLOYMENT HISTORY

Name of Claimant:		Last 4 Digits of SSN:			
including your current employm	nent. For each job, include yo worked for at least one month	art VI for all of your prior industri ur employer, location of employme Please use the copy of Part VI at	ent, and dates of employment.		
Occupation Code:	If Code 59, specify:				
Employer:					
Beginning of Employment:	//	End of Employment:	///		
Location: Address					
City		State/Province	Zip/Postal Code		
Occupation Code:	If Code 59, specify:				
Industry Code:	If Code 118, specify:				
Employer:					
Beginning of Employment:			///		
Location: Address					
City		State/Province	Zip/Postal Code		
Occupation Code:	If Code 59, specify:				
Industry Code:	If Code 118, specify:				
Employer:					
Beginning of Employment:			///		
Location: Address					
City		State/Province	Zip/Postal Code		
Occupation Code:	If Code 59, specify:				
Industry Code:	If Code 118, specify:				
Employer:					
Beginning of Employment:			//		
Location: Address					
City		State/Province	Zip/Postal Code		

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APPENDIX G Additional Copies of Part VI of the Questionnaire

PART VI: EMPLOYMENT HISTORY

Name of Claimant:		Last 4 Digits of SSN:		
including your current employm	nent. For each job, include yo worked for at least one month	eart VI for all of your prior industri our employer, location of employment. Please use the copy of Part VI a	ent, and dates of employment.	
Occupation Code:	If Code 59, specify:			
Industry Code:	If Code 118, specify:			
Employer:				
Beginning of Employment:	//	End of Employment:	///	
Location: Address				
City		State/Province	Zip/Postal Code	
Occupation Code:	If Code 59, specify:			
Industry Code:	If Code 118, specify:			
Employer:				
Beginning of Employment:	//	End of Employment:	//	
Location: Address				
City		State/Province	Zip/Postal Code	
Occupation Code:	If Code 59, specify:			
Industry Code:	If Code 118, specify:			
Employer:				
Beginning of Employment:			//	
Location:				
Address				
City		State/Province	Zip/Postal Code	
Occupation Code:	If Code 59, specify:			
Industry Code:	If Code 118, specify:			
Employer:				
Beginning of Employment:			//	
Location: Address				
City		State/Province	Zip/Postal Code	
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